



(SĬGNATURE)

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I HEREBY CERTIFY THAT THIS PAPER AND ENCLOSURES AND/OR FEE ARE BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER 37 CFR 1.10 ON THE DATE INDICATED ABOVE AND IS ADDRESSED TO: BOX PATENT APPLICATION, ASSISTANT COMMISSIONER FOR PATENTS, WASHINGTON D.C. 20231.

AMANDA HALE-WISENER (SENDER'S PRINTED NAME)



Box Patent Application Assistant Commissioner for Patents Washington, DC 20231

application Serial No.

Enclosed for filing is a patent application under 37 CFR 1.53(b) of: Philip Orrin Wheeler entitled USING A PAPER PREVIEW IN DOCUMENT MANAGEMENT APPLICATIONS

This application is a [] continuation, [] divisional, [] continuation-in-part of prior

Enclosure	s:
[X] Speci:	fication (pages 1-7); claims (page 8); abstract (page 9)
[X] 4 shee	ets of formal drawings
[X] Decla	ration or Combined Declaration and Power of Attorney
	Newly executed
Î Î Co	opy from a prior application (37 CFR 1.63(d))
	corporation by ReferenceThe entire disclosure of the prior application, from
	nich a copy of the oath or declaration is supplied is considered as being part of the

Deletion of Inventors (signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b)

disclosure of the accompanying application and is hereby incorporated by reference

- [] Power of Attorney
- [X] Assignment with cover sheet
- [] Certified copy of priority document:

[] Information Disclosure Statement with Form PTO 1449
[] Copies of references listed on attached Form PTO-1449
[] Preliminary Amendment

CLAIMS AS FILED								
For	Number Filed	Number Extra	Rate		Basic Fee \$690.00			
Total Claims	. 4-20	0	x \$ 18.00	=				
Independent Claims	1-3	0	x \$ 78.00	=				
Multiple Dependent Claim Fee			x \$260.00	=				
TOTAL FILING FEE				:	\$690.00			

$[\]$	Cancel in this divisional application	n original claims	of the prior
	application Serial No	before calculating the filing fee	. (At least one
	original independent claim must be	retained for filing purposes.)	

- [X] A check in the amount of \$730.00 to cover [X] filing fee (\$690) and [X] assignment recordal fee (\$40) is enclosed.
- [X] Any deficiency or overpayment should be charged or credited to deposit account number 13-1703. A duplicate copy of this sheet is enclosed.

Customer No. 20575

Respectfully submitted,

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